

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001626

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 340

FILED FEB 6 1963

NOT WRITE
THIS SUB

AMENDED

VS 300
v. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

1-18-1963

1220 W. Ruby

23a, b, c, d Removal 1-19-63 Mound Grove, Indep. Mo. (cremation 1-21-63, Elmwood 1-29-63)

DOCUMENT

BY AFFIDAVIT OF Funeral Director

Raymond Keltner MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY MO		Length of stay in lb 1 Hour	c. CITY OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 1220 West Ruby Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Infant Middle Haworth Last Haworth		4. DATE OF DEATH Month January Day 16 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 16 1963
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and state or country) Kansas City Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Mary Lu Haworth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mary Lu Haworth Address 1220 West Ruby	
18. CAUSE OF DEATH (Enter only one cause per line for a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congenital atelectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) multiple congenital defects, including meningococci DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from birth to death and last saw her alive on 1-16-63 approx. 10 minutes prior to death Death occurred at Baptist Hospital at 9 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Raymond Keltner MD		22b. ADDRESS 9406 63rd St Raytown Mo	22c. DATE SIGNED 1-17-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE Jan. 21 1963	23c. NAME OF CEMETERY OR CREMATORY Mound Grove Baptist Cemetery	23d. LOCATION (City, town or county) Kansas City Missouri
24. FUNERAL DIRECTOR Roland R Speaks Funeral Home, Independence		25. DATE RECD. BY LOCAL REG. 1-19-63	26. REGISTRAR'S SIGNATURE Aruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.